

Memorial Gift Donation Form  
Hubbard Memorial Library  
24 Center Street  
Ludlow, MA 01056

Memorial gift in the name of: \_\_\_\_\_

In the amount of: \_\_\_\_\_

*Please send Memorial Card to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

*Memorial Gift from:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Occasion: \_\_\_\_\_